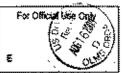
U.S. Department of Labor Office of Labor-Management Starkfards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mendatory under P.L. 86-257, as amended. Failure to comply may result in comminal prosecution, fines, or civil penalties as provided by 29 U.S.C 436 or 446.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U 7589	2. Fiscal Year Covered From:			
	7/7/04 Through: 12/31/09			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name William F. Kelly	Marrie Wisconsin Sheet metal workers			
,	Labor Organization File Number 18515429			
P.O. Box. Bidg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 622 50. J/X 54.	Strong 5425 West Vict			
City DO/AVAN	CHY Milwaulles			
State 4.11. ZIP Code +4 5.3//5	State (J.T., 219 Code + 4 5 3 2 0 8			
5. Position in labor organization, taustee				
Enter appropriate data below if, during the past fiscal year, you or your apouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6, Name and address of Employer (including trade name, if any).	7.e. Nature of Interest, Transaction, or income.			
Name	University of the second secon			
Trade Name, it any:				
P.O. Box, Bidg., Room No., if any				
	7.5. Amount.			
Street				
City				
State ZIP Code +4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any eccompanying documents), has been examined by the signatory and is, to the beet of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Willes	On 7/22/05 262 728 4269  Date Telephone Number			

Name of Person Filing William F. KELLY		File Number U.		
B. Held an interest in or derived income or economic behefit with monotary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or its actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (Including trade name, if any),	9. Business deals with:			
Name Trade Name, if any:	a. Labor Organization  b. Trest			
P.O. Box, Bidg., Room No., if any				
Street	с. Етърюу#1			
City ZIP Code + 4				
10. If 9.b. or 9.c. is checked give Inst or employer's name.	11,a. Nature of such dealing	·g.		
Name				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
Street	11.b, Approximate dollar valu	e of such dealing.		
State ZIP Code + 4	12.a. Nature of interest heto	or income received.		
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Lebor Relations Consultant (including trade name, if any).	\$4.a. Nature of payment,			
Name				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any	***************************************			
Street City	00000001.EAA			
State ZIP Code + 4				
13.b. is the Business an Employer or Consultant ?	14,b. Amount of payment.			



## SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL #18 - WISCONSIN AFL-CIO

## 5425 WEST VLIET STREET MILWAUKEE, WI 53208-2118



Telephone: (414) 778-1100 • Toll Free (In United States) 1-800-242-5822 • Fax: (414) 778-0987

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Signature.

Date